

Instructions for Certified Family Providers

Certified Family Providers

The following are instructions for completing the forms required for participation in YoungStar for certified family child care programs.

A. To complete the forms have the following THREE pieces of information ready:

1. Your Provider Number:

For certified programs, this number is found in the bottom-left corner of your Certificate of Approval (as shown below). Additionally, for programs currently serving children who receive Wisconsin Shares subsidies, the **Provider Number** can be found in the upper-right corner of your Child Care Authorization (as shown on page 2), on your Wisconsin Shares check or on your direct deposit slip for Wisconsin Shares. Alternatively, if you have access to the Child Care Provider Information (CCPI) web site, you can find your **Provider Number** on the CCPI web site after you log in (also shown on page 2).

If you do not have access to the CCPI web site AND you are serving children who receive Wisconsin Share subsidies, you may request access at <http://dcf.wisconsin.gov/childcare/ccpi/default.htm>

| Certificate of Approval | |
|--|--|
| <div><h3>Certificate of Approval</h3><p>Tammy Tester</p><p>has met the standards prescribed by the Wisconsin Department of Children and Families and is hereby given:</p><p>Provisional Family Day Care Certification (See attached restrictions.)</p><p>At: 123 Main St Anytown, WI 45454</p><p>County: Milwaukee County Phone: 454-545-4545</p><p>This certificate is issued in compliance with DCF 202, Wisconsin Administrative Code.</p><div><div>State of Wisconsin</div></div><p>Valid from 1/1/2010 to 12/31/2011 (unless revoked by the issuing agency)</p><p>Authorized Signature Dept Of Children & Families, Milwaukee Early Care Admin Issuing Agency</p><div>CARES Provider Number: 1800039371 / 001</div><div>Certificate Issued on 2/26/2010</div></div> | |
| <p>DCF-F-148 (R. 09/2009)</p> <div>Provider Number: 180039371</div> | |

Child Care Authorization

Provider Number: 380036563

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
PO BOX 05676
MILWAUKEE, WI 53205



State of
Wisconsin

Provider #
3800036563

Date: 06/22/2010

Provider Location: 001
Provider Type: Licensed Group

000002
RANDY'S GROUP CARE, INC
111 SIDE ST
MKEE, WI 53535

Child Care Authorization Information

| Case Information | | | | Worker Information | | | |
|---|--------------|----------------------|-----------------------|----------------------------------|------------------|------------------|---------------------------|
| Case Number: 4700482249 Primary Person: DAILY ATTENDANCE SMRF Date: 06/30/2010 | | | | Contact your Child Care Liaison. | | | |
| Ending Authorizations – No New Authorizations The following authorizations are ending. See below for details. | | | | | | | |
| Child's Name / Date of Birth | Auth Type | Hours Per Week | Auth Begin Date | Auth End Date | Weekly Amount | Hourly Amount | Rate Effective Date |
| ANNIE ATTENDANCE 01/01/2008 | E | 45 | 01/03/2010 | 06/26/2010 | \$100.00 | \$ 2.86 | 01/03/2010 |
| *ADAM ATTENDANCE 01/01/2005 | E | 45 | 01/03/2010 | 06/12/2010 | \$100.00 | \$ 2.86 | 01/03/2010 |
| ANNA ATTENDANCE 01/01/2006 | E | 45 | 01/03/2010 | 06/26/2010 | \$100.00 | \$ 2.86 | 01/03/2010 |
| ANNELIESE ATTENDANCE 01/01/2009 | E | 45 | 01/03/2010 | 06/26/2010 | \$100.00 | \$ 2.86 | 01/03/2010 |

CCPI Web Site (certified)

Child Care: Provider Location Details



Provider Number: 1800036371

Logout



[Change SPA Settings](#)

[Home](#) | [Provider Information](#) | [Announcements](#) | [FAQ](#) | [Reports](#) | [Admin](#) | [CSAW](#) | [CCPC](#)

Location

[Location List](#)

[Location Details](#)

Tammy Tester
Location Tammy Tester's Day Care #001
123 Main St
Anytown WI 45454
Contact Phone 454-545-4545

Provider Number 1800039371

2. Your Location Number:

Programs **not** currently serving children who receive Wisconsin Shares subsidies

If you are not currently serving children who receive Wisconsin Shares, your **Location Number** will be shown in the lower-left corner of your Certificate of Approval (as shown below).

Certificate of Approval

Certificate of Approval

Tammy Tester

has met the standards prescribed by the Wisconsin Department of Children and Families
and is hereby given:

Provisional Family Day Care Certification
(See attached restrictions.)

At: 123 Main St
Anytown, WI 45454

County: Milwaukee County
Phone: 454-545-4545

This certificate is issued in compliance with DCF 202, Wisconsin Administrative Code.

State of Wisconsin



Valid from 1/1/2010 to 12/31/2011
(unless revoked by the issuing agency)

Authorized Signature
Dept Of Children & Families, Milwaukee Early Care Admin
Issuing Agency

CARES Provider Number: 1800039371 **001**

Certificate Issued on 2/26/2010

DCF-F-148 (R. 09/2009)

Location Number: 001

____ Related children under the age of 7 years.

____ Additional children under the age of 7 years

____ Children over the age of 7 years (does not include the provider's own children age 7 years or older)

Programs currently serving children who receive Wisconsin Shares subsidies

For programs that are currently serving children who receive Wisconsin Shares, the **Location Number** may be found near the top-right of your Child Care Authorization, Wisconsin Shares check or direct deposit slip for Wisconsin Shares (as shown on page 4). Alternatively, if you have access to the Child Care Provider Information (CCPI) web site, you can find your **Location Number** on the CCPI web site after you log in (also shown on page 4).

If you do not have access to the CCPI web site AND you are serving children who receive Wisconsin Share subsidies, you may request access at

<http://dcf.wisconsin.gov/childcare/ccpi/default.htm>

Child Care Authorization

MILWAUKEE
MILWAUKEE ENROLLMENT SERVICES
PO BOX 05676
MILWAUKEE, WI 53205



State of
Wisconsin

Provider #
3800036563

Date: 06/22/2010

000002
RANDY'S GROUP CARE, INC
111 SIDE ST
MKEE, WI 53535

Provider Location: 001

Provider Type: Licensed Group

Location Number: 001

Child Care Authorization Information

| Case Information | | | | Worker Information | | | |
|---|--------------|----------------------|-----------------------|----------------------------------|------------------|------------------|---------------------------|
| Case Number: 4700482249 Primary Person: DAILY ATTENDANCE SMRF Date: 06/30/2010 | | | | Contact your Child Care Liaison. | | | |
| Ending Authorizations – No New Authorizations The following authorizations are ending. See below for details. | | | | | | | |
| Child's Name / Date of Birth | Auth Type | Hours Per Week | Auth Begin Date | Auth End Date | Weekly Amount | Hourly Amount | Rate Effective Date |
| ANNIE ATTENDANCE 01/01/2008 | E | 45 | 01/03/2010 | 06/26/2010 | \$100.00 | \$ 2.86 | 01/03/2010 |
| *ADAM ATTENDANCE 01/01/2005 | E | 45 | 01/03/2010 | 06/12/2010 | \$100.00 | \$ 2.86 | 01/03/2010 |
| ANNA ATTENDANCE 01/01/2006 | E | 45 | 01/03/2010 | 06/26/2010 | \$100.00 | \$ 2.86 | 01/03/2010 |
| ANNELIESE ATTENDANCE 01/01/2009 | E | 45 | 01/03/2010 | 06/26/2010 | \$100.00 | \$ 2.86 | 01/03/2010 |

CCPI Web Site

Child Care: Provider Location Details



Location Number: 001

Logout

Change SPA Settings

Home | Provider Information | Announcements | FAQ | Reports | Admin

| Location |
|---------------------------------------|
| Location List |
| Location Details |
| License/Certification |

Randy's Group Care, Inc
Location Randy's Group Care-Naeyc Acc #001
123 Main St
Anytown WI 52222
Contact Phone 414-555-6666

Provider Number: 3800036563
Facility Id: 120856
Facility Name
Licensor Id: 0000064
Licensor Name


3. The number of children enrolled in your program:

This is the number of children you care for of all ages.


B. Filling out the YoungStar Participation Request—Certified Family Programs

1. When you have gathered your Provider Number and Location Number (if applicable), and the number of children you care for, enter this information into the YoungStar Participation Request – Family Provider (as shown below). Leave blank the Facility Number section (highlighted in yellow).

- Enter the **Provider Number** in the pink highlighted area.
- Enter the **Location Number** in the blue highlighted area.

| | | |
|--|---------------------------------|-----------------|
| DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education | | |
|  Participation Request – Family Provider | | |
| Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]. | | |
| Complete this form and return to your YoungStar Regional Office as determined at: http://www.dcf.wisconsin.gov/youngstar/providers.htm | | |
| Today's Date (mm/dd/yyyy) | | Provider Number |
| Name – Program | | |
| Location Number | Facility Number (if applicable) | |
| Name – Family Child Care Program Owner | | |
| Name – Child Care On-Site Provider (if different from Owner) | | |
| Address – Child Care Program (Street, City, Zip Code) | | |
| Telephone Number | Cell Phone Number | Fax Number |
| Email | | |
| Number of Children Currently Enrolled | Ages of Children Enrolled | |

2. Fill in the contact information for the program (highlighted in yellow below).
3. Fill in the number of children of all ages that you serve and the ages of those children (highlighted in green below).

| | | |
|--|-------------------|---------------------------------|
| DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education | | |
|  <p>youngstar Wisconsin's Child Care Rating Program</p> | | |
| Participation Request – Family Provider | | |
| Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04 (1)(m), Wisconsin Statutes]. | | |
| Complete this form and return to your YoungStar Regional Office as determined at: http://www.dcf.wisconsin.gov/youngstar/providers.htm | | |
| Today's Date (mm/dd/yyyy) | | Provider Number |
| Name – Program | | |
| Location Number | | Facility Number (if applicable) |
| Name – Family Child Care Program Owner | | |
| Name – Child Care On-Site Provider (if different from Owner) | | |
| Address – Child Care Program (Street, City, Zip Code) | | |
| Telephone Number | Cell Phone Number | Fax Number |
| Email | | |
| Number of Children Currently Enrolled | | Ages of Children Enrolled |

4. Read the information on pages 1-3 of the YoungStar Participation Request form to guide your decision about what type of rating you choose for your program: **Automatic, Technical or Formal with Observation**. See page 2 of the YoungStar Participation Request form for full descriptions of each type of rating.

If you have questions about which type of rating you should choose, please contact your Regional Office. To find your YoungStar Regional Office, see the map at the following web site: <http://dcf.wisconsin.gov/youngstar/map/default.htm>. If you do not have access to the internet, please call the main YoungStar number:

1-888-713-KIDS

5. Choose a type of rating.

Non-Accredited Programs: Programs that are not accredited through the National Association for Family Child Care Accreditation (NAFCC) or the City of Madison should choose either Automated, Technical or Formal Rating with Observation by checking the box that corresponds with that rating (shown by the arrows below).

Non-Accredited Programs

I request the following support from the YoungStar Regional Office (choose one):

- ☐ A. YoungStar Automated Rating based upon educational qualifications of the family child care provider alone, verified by The Registry without a Technical Consultant visit.
- This option should be chosen by programs who do not wish to have a Technical Consultant come into the program and observe. Programs who do not allow a Technical Consultant into the program **CANNOT** earn more than two stars.
- ☐ B. YoungStar Technical Rating based upon educational qualifications.
- Programs that choose this option may choose to have a Technical Consultant visit their program before or after an informal rating is given. Your YoungStar Regional Office can help you choose which option fits your program best if you do not know which option to choose. Programs who choose Option B may receive two stars or three stars.
- I would like to receive my technical assistance (Choose one):
- ☐ Before technical rating ☐ After technical rating
- ☐ Have my YoungStar Regional Office contact me to help me decide if I should have technical assistance before or after rating.
- ☐ C. YoungStar Formal Rating With Observation
- Programs that meet educational qualifications verified by The Registry for four and five stars, and believe they meet sufficient quality standards to receive four stars or five stars should choose this option. A Formal Rating with Observation requires a time-intensive observation using formal Environment Rating Scale (see page 2). Programs that choose this option may choose to have technical assistance provided before or after a formal rating is given. Your YoungStar Regional Office can help you choose which option fits your program best if you do not know which option to choose. Programs choosing to have a Formal Rating with Observation will be sent a Formal Rating with Observation Request form by their YoungStar Regional Office after the YoungStar Regional Office has received a YoungStar Participation Request form and a Wisconsin Shares Contract from the provider.
- I would like to receive my technical assistance (Choose one):
- ☐ Before Formal Rating with Observation ☐ After Formal Rating with Observation
- ☐ Have my YoungStar Regional Office contact me to help me decide if I should have technical assistance before or after rating.

Non-Accredited Programs (continued): Programs that are not accredited through the National Association for Family Child Care Accreditation (NAFCC), or the City of Madison must also choose the type and timing of technical assistance that they want to receive. Check **one** of the boxes under the type of rating you selected to choose the type and timing of technical assistance that you want to receive (shown by the arrows below).

For example, a provider could check the box next to letter B to choose a Technical Rating and then check the box next to the phrase “Before technical rating” to indicate that the provider would like technical assistance before he or she is given a Technical Rating.

Non-Accredited Programs

I request the following support from the YoungStar Regional Office (choose one):

☐ A. YoungStar Automated Rating based upon educational qualifications of the family child care provider alone, verified by The Registry without a Technical Consultant visit.

➤ This option should be chosen by programs who do not wish to have a Technical Consultant come into the program and observe. Programs who do not allow a Technical Consultant into the program **CANNOT** earn more than two stars.

☐ B. YoungStar Technical Rating based upon educational qualifications.

➤ Programs that choose this option may choose to have a Technical Consultant visit their program before or after an informal rating is given. Your YoungStar Regional Office can help you choose which option fits your program best if you do not know which option to choose. Programs who choose Option B may receive two stars or three stars.

I would like to receive my technical assistance (Choose one):

☐ Before technical rating ☐ After technical rating
☐ Have my YoungStar Regional Office contact me to help me decide if I should have technical assistance before or after rating.

☒ C. YoungStar Formal Rating With Observation

➤ Programs that meet educational qualifications verified by The Registry for four and five stars, and believe they meet sufficient quality standards to receive four stars or five stars should choose this option. A Formal Rating with Observation requires a time-intensive observation using formal Environment Rating Scale (see page 2). Programs that choose this option may choose to have technical assistance provided before or after a formal rating is given. Your YoungStar Regional Office can help you choose which option fits your program best if you do not know which option to choose. Programs choosing to have a Formal Rating with Observation will be sent a Formal Rating with Observation Request form by their YoungStar Regional Office after the YoungStar Regional Office has received a YoungStar Participation Request form and a Wisconsin Shares Contract from the provider.

I would like to receive my technical assistance (Choose one):

☐ Before Formal Rating with Observation ☐ After Formal Rating with Observation
☐ Have my YoungStar Regional Office contact me to help me decide if I should have technical assistance before or after rating.

☒

6. Accredited Programs: Programs that are accredited through the National Association for Family Child Care Accreditation (NAFCC) or the City of Madison must enter information about their accreditation into the **Accredited Child Care Programs Only** section (shown below). These programs must also choose if they want to receive a technical assistance or not.

- Programs that do not want technical assistance should choose the first option.
- Programs that want technical assistance should choose the first option.

| Accredited Child Care Programs Only | |
|---|---|
| Programs that have been accredited through the National Association for Family Child Care Accreditation (NAFCC) or the City of Madison should fill out this section. | |
| Valid Accreditation Type <div style="background-color: #ccc; height: 20px; width: 100%;"></div> | Valid Dates <div style="background-color: #ccc; height: 20px; width: 100%;"></div> |
| I request the following support from the YoungStar Regional Office: | |
| <input type="checkbox"/> YoungStar Rating based on Accreditation alone. <input type="checkbox"/> YoungStar Technical Assistance Request and YoungStar Rating based on Accreditation. | |

7. Sign and date the form

All programs must and date the **YoungStar Participation Request** in order for the form to be complete (highlighted below). **The form will not be complete if it is not signed.**

All Programs

As a YoungStar program participant, I certify that my program:

- Is currently licensed by the State of Wisconsin, or certified within Wisconsin.
- Has received information and understands YoungStar program responsibilities, and agree to meet all YoungStar requirements.

| | | | |
|---|--|-------------|--|
| | | | |
| SIGNATURE – Authorized Representative for Child Care Program | | Date Signed | |

| | | | | |
|---------------|----------|-----------|----------------|----------|
| Date Received | Initials | Complete? | Date Processed | Initials |
|---------------|----------|-----------|----------------|----------|

C. Filling out the Wisconsin Share Participation Contract

1. When you have gathered your Provider Number, Location Number (if applicable), enter this information into the Wisconsin Shares Participation Contract (as shown below). Leave blank the License Number (highlighted in yellow below).

- Enter the **Provider Number** in the pink highlighted area.
- Enter the **Location Number** in the blue highlighted area.

DEPARTMENT OF CHILDREN AND FAMILIES
Division of Early Care and Education



Wisconsin Shares Participation Contract

Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes].

The YoungStar Quality Rating and Improvement System is designed to improve the overall quality of child care in Wisconsin.

Programs that receive Wisconsin Shares Child Care Subsidy will be required to participate in YoungStar. Completion of the information included within this Wisconsin Shares Contract is a requirement for participation in YoungStar. This contract is for a two (2) year period, which may be renewed.

| | | | |
|---|--|--------------------------------------|--|
| Name – Program | | Provider Number | |
| Location Number | | Facility Number (if applicable) | |
| Name – Director/Owner | | | |
| Name – Contact Person (If different from Director/Owner) | | | |
| Address – Child Care Program/Center (Street, City, Zip Code) | | | |
| Telephone Number – Contact Person | | Cell Phone Number – Contact Person | |
| Email – Contact Person | | | |
| Number of Children Currently Enrolled | | Number of Classrooms (if applicable) | |
| Number of Children for Which Wisconsin Shares Reimbursement is Currently Received | | | |

2. Fill in the contact information for the program (highlighted in yellow below). Then, enter the number of children (of all ages) that are enrolled in your program and number of classrooms in your program if applicable (highlighted in green below). Fill in the number of children (if any) for which Wisconsin Shares reimbursement is currently received (also highlighted in green below).

| | |
|---|--------------------------------------|
| DEPARTMENT OF CHILDREN AND FAMILIES Division of Early Care and Education | |
|  Wisconsin Shares Participation Contract | |
| Personal information you provide may be used for secondary purposes [Privacy Law, s. 15.04(1)(m), Wisconsin Statutes]. | |
| The YoungStar Quality Rating and Improvement System is designed to improve the overall quality of child care in Wisconsin. | |
| Programs that receive Wisconsin Shares Child Care Subsidy will be required to participate in YoungStar. Completion of the information included within this Wisconsin Shares Contract is a requirement for participation in YoungStar. This contract is for a two (2) year period, which may be renewed. | |
| Name – Program | Provider Number |
| Location Number | Facility Number (if applicable) |
| Name – Director/Owner | |
| Name – Contact Person (If different from Director/Owner) | |
| Address – Child Care Program/Center (Street, City, Zip Code) | |
| Telephone Number – Contact Person | Cell Phone Number – Contact Person |
| Email – Contact Person | |
| Number of Children Currently Enrolled | Number of Classrooms (if applicable) |
| Number of Children for Which Wisconsin Shares Reimbursement is Currently Received | |

3. Read and complete the Child Care Program Responsibilities section of the Wisconsin Shares Participation Contract and SIGN the form at the bottom of the page.

| |
|--|
| <p><u>Child Care Program Responsibilities</u></p> <p>I am willing to provide services for children for which Wisconsin Shares Child Care Subsidy Program reimbursement is made.</p> <p>I agree to comply with all requirements spelled out in the Child Care Authorization form, including: reporting actual hours of attendance for all authorized children in care; immediate notification that a child is no longer attending my program upon becoming aware of change in attendance; caring for no more children than regulation rules allows, including private pay and subsidized children.</p> <p>I further agree that I will refrain from making any misrepresentations of my YoungStar rating.</p> <p>I, _____ agree to follow all Wisconsin Shares Child Care Subsidy Program attendance reporting requirements, including accurate and timely reporting, as indicated in the Wisconsin Shares Child Care Policy Manual: http://dcf.wisconsin.gov/childcare/wishares/manual.htm, Wisconsin state statutes and Administrative Rules and Operations Memo. I have read and agree to follow policies as indicated in the Wisconsin Shares Subsidy Policy Guide for Child Care Providers. As a child care program provider I agree to record actual arrival and departure times and maintain these records in an accessible format for later possible review.</p> <p>SIGNATURE – Person in Charge of Program: _____ Date Signed: _____ (Effective Date)</p> |
|--|

D. Return Both Forms to Your YoungStar Regional Office

Programs must return both the YoungStar Wisconsin Shares Participation Contract and the YoungStar Participation Request form to their YoungStar Regional Office.

To find your YoungStar Regional Office, see the map at the following web site:

<http://dcf.wisconsin.gov/youngstar/map/default.htm>. If you do not have access to the internet, please call the main YoungStar number:

1-888-713-KIDS

After sending in both forms to your Regional Office, you will receive a contact from them within four weeks of the date they receive your materials. However, if you have any questions in the meantime, do not hesitate to call them.